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DISTRICT OF COLUMBIA HEALTH BENEFIT EXCHANGE AUTHORITY

Assessment Rule Informal Comment Discussion Draft

A new Subtitle D, Health Benefit Exchange, is added to Title 26, District of Columbia Municipal Regulations, as follows:

A new Chapter 1, titled "Health Carrier Assessments," is added to read as follows:

100.1 The DC Health Benefit Exchange Authority ("Authority") shall assess annually, through a "Notice of Assessment," each health carrier doing business in the District with direct gross receipts of \$50,000 or greater in the preceding calendar year an amount based on a percentage of its direct gross receipts for the preceding calendar year. 100.2 The Authority shall adjust the assessment rate in each assessable year. The amount assessed shall not exceed reasonable projections regarding the amount necessary to support the operations of the Authority. 100.3 Each health carrier shall pay to the Authority the amount stated in the Notice of Assessment within ten (10) business days of receipt of the Notice of Assessment. 100.4

A new Chapter 99, "Definitions", is added to read as follows:

ASSESSMENTS

9900 **DEFINITIONS**

Code § 31-1204.

- 9900.1 When used in this chapter, the following words terms shall have the meanings ascribed:
 - "Authority" means the District of Columbia Health Benefit Exchange Authority established pursuant to D.C. Official Code § 31-3171.02.

Any failure to pay the assessment shall subject the health carrier to D.C. Official

- "Direct gross receipts" means all policy and membership fees and net premium receipts or consideration received in a calendar year on all health insurance risks originating in or from the District of Columbia.
- "Health carrier" has the same meaning as provided in D.C. Official Code § 31-3171.01(6).

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"Net premium receipts or consideration received" means gross premiums or consideration received less the sum of premiums received for reinsurance assumed and premiums or consideration returned on policies or contracts canceled or not taken.

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